

GOALS, OBJECTIVES, ACTION ITEMS AND EVALUATION MEASURES

This section of the document addresses the “how to” of *Building for Strength*. The six goals of this plan delineate specific objectives and action steps. Action steps are only included in the full version of the plan, available at www.injuryfreenc.ncdhhs.gov. Dates for completion and who is responsible for the work are also described.

The evaluation measures for each goal have two components: 1) a progress check evaluation that focuses on process measures to track

progress towards achieving the stated objectives; and 2) an overarching measure that asks, “So what’s the bottom line?” is asked. Currently there are not sufficient resources to do a complete evaluation of whether the bottom line measure is met. The inclusion of these measures is meant to encourage a focus on working towards the desired impact of this plan, which is ultimately to prevent serious injury and the resulting death and disability.

Goal 1: Data and Surveillance

Increase the use of injury and violence data through a comprehensive, coordinated injury surveillance system that is accurate, readily available and sustainable, and that is used to guide injury and violence prevention programs and policies at the local, regional and state level.

WHEN	Objective A	WHO
9/2009	Convene the Data Goal Team for the State Strategic Plan to address gaps in existing data and data systems.	Data Goal Team (DGT)
WHEN	Action Items	WHO
6/2009	1. Identify partners to participate on the Data Goal Team, such as Action For Children, Law Enforcement, State Bureau of Investigation, Maternal and Child Health, the Governor’s Highway Safety Program, the Office of the Chief Medical Examiner, the State Center for Health Statistics, Trauma RACs, Safe Kids, the Office of Healthy Carolinians, the North Carolina Office on Disability and Health, the Office of Juvenile Justice and Delinquency Prevention, Office of State Fire Marshal. Identify other partners by emailing stakeholders list from April 27 Strategic Planning Meeting.	DGT
7/2009	2. Send out a save-the-date invitation to identified data stakeholders for a September 2009 meeting.	DGT
8/2009	3. Work to plan a data stakeholders meeting.	DGT

9/2009	4. Hold meeting of Data Goal Team. Participants will come to the meeting with a one-page summary of their programs and available data.	DGT
9/2009	5. Assign meeting participants task of developing a list of data sources that includes relevant information about the data sources to be determined by the Data Goal Team.	DGT
9/2009	6. At meeting, develop subcommittees to handle special projects, the first being creation of the data inventory.	DGT

WHEN	Objective B	WHO
8/2010	Conduct an assessment of existing data sources that contain injury and violence prevention information, and create a data source list to post on the DPH IVPB website. The assessment will outline data source information, such as who compiles and analyzes the data and when new data are available each year. The assessment will identify data needs not met by existing sources.	DGT

WHEN	Action Items	WHO
12/2009	1. Review existing data resource list from the DPH IVPB to develop a tool and process for injury and violence prevention data resource collection.	DGT
3/2010	2. Submit data resources inventory to N.C. DPH Public Affairs Office for review and approval.	DGT
8/2010	3. Compile the data resources inventory and disseminate list to stakeholders group.	DGT

WHEN	Objective C	WHO
3/2011	Complete a Data Goal Team report with plans for closing data gaps, and methods for utilizing existing data to guide injury and violence prevention programs and policies at the state, regional, and local levels.	DGT

WHEN	Action Items	WHO
12/2010	1. Evaluate data resource list to determine existing gaps in data and conduct focus groups to better understand needs in the five priority risk areas.	DGT
2/2011	2. Analyze information from focus groups and create a report with recommendations on data needs in these areas.	DGT
3/2011	3. Submit draft State of Injury and Violence Prevention Data report for review to the IVP-SAC.	DGT, IVP-SAC

WHEN	Objective D	WHO
3/2012	Collaborate with the Coordination and Constituency Goal Team to determine how to best use data at the state and local level.	DGT

WHEN	Action Items	WHO
12/2011	1. Evaluate data resource list to determine existing gaps in data and conduct focus groups to better understand needs in five priority risk areas.	DGT
2/2012	2. Analyze information from focus groups and create a report with recommendations on data needs in these areas.	DGT
3/2012	3. Submit draft North Carolina Community Injury and Violence Prevention Data Uses and Needs report for review to the IVP-SAC	DGT, IVP-SAC

Progress Check Evaluation Measures: Goal 1

WHEN: 8/2010

WHAT: Data inventory document is created and posted to web.

WHO: DGT

WHEN: 2/2012

WHAT: Report is created with recommendations on data needs in these areas.

WHO: DGT

WHEN: 3/2012

WHAT: North Carolina Community Injury and Violence Prevention Data Uses and Needs report has been submitted for review to the IVP-SAC.

WHO: DGT

So What's the Bottom Line?

WHEN: By 12/2014

WHAT: Decisions about prevention programs and policies at the local, regional and state level are driven by data that are used to write grants, justify policy recommendations and make programming decisions.

WHO: DGT, IVP-SAC

Goal 2: Research and Evaluation

Foster efforts to conduct useful injury and violence research and evaluation, and foster efforts to disseminate findings to promote innovation and promising practices.

WHEN	Objective E	WHO
8/2009-12/2014	Enhance the quantity and quality of injury and violence research and program evaluation.	Research and Evaluation Goal Team
WHEN	Action Items	WHO
Ongoing	<ol style="list-style-type: none"> Facilitate the cataloging of topics, funding, data, evaluation instruments, and investigators, including: <ul style="list-style-type: none"> Information on investigator areas of expertise and interest; Validation information and source links for evaluation instruments; Topic-tagged existing research. 	IPRC
1/2010	<ol style="list-style-type: none"> Obtain a facilitator to connect researchers, funders, topics, instruments, and data. 	IPRC

Ongoing	3. Lead the training of researchers and seek out projects from academic and non-academic settings. Seek out students from academic settings and match projects and students. Implement or find best practices; applied research or evaluation for LHD project.	IPRC
By 2014	4. Hold a N.C. conference on injury research	IVPB, IPRC, AHEC
By 12/2014	5. Work with the N.C. Medical Society to produce an issue of the N.C. Medical Society Journal on injury.	The State Trauma Advisory Council (STAC) Research Chair in partnership with IPRC
Ongoing	6. Promote research about injury and violence prevention to inform gaps in legislation or policy.	Child Fatality Task Force (CFTF), IVP-SAC
Ongoing	7. Work to integrate research and program evaluation work across other disciplines, including trauma, chronic disease, labor, disability, agriculture, and maternal child and health.	DPH, IVP-SAC

WHEN	Objective F	WHO
8/2009-12/2014	Use research and evaluation for program and policy development and improvement.	Research and Evaluation Goal Team

WHEN	Action Items	WHO
12/2010	1. Develop criteria for promising programs using CDC and other national guidance.	IPRC and IVPB Programs Unit
Beginning 6/2010 ongoing through 2014	2. Develop a clearinghouse of interventions, including the evaluation of those interventions. Facilitate the utilization of this clearinghouse by program implementers and policy developers.	IPRC and IVPB Programs Unit, Highway Safety Research Center (HSRC), and the Institute on Aging
Ongoing	3. Prioritize areas of injury for which programs should be implemented and/or policy developed.	IVPB

Ongoing	4. Catalog dissemination tools to determine the best methods for disseminating information on research and evaluation to those who will translate the information into practice.	IVPB and Health Promotion and Disease Prevention (HPDP) (with permission of agency head)
Ongoing once developed.	5. Promote utilization of catalog of instruments.	IPRC, IVPB

WHEN	Objective G	WHO
8/2009-12/2014	North Carolina Foundations and other organizations with an interest in injury and violence prevention should fund preventive interventions, evaluation, and research in areas that benefit IVP including those interventions considered to be promising practices and those with limited evidence. Priority should be given to research and program implementation that crosses multiple disciplines, settings, and topics.	Research and Evaluation Goal Team

WHEN	Action Items	WHO
6/2011	1. Organize efforts to find common solutions to maximize efficiency of funding. For example, research and primary prevention program implementation in family violence should cross multiple types of family violence, including domestic violence, care giver abuse child maltreatment, and bullying prevention.	IVP-SAC, MCH programs, Research and Evaluation Goal Team (REGT)
12/2012 and ongoing	2. Host a meeting of foundations to talk about IVP and the relationship to the foundations, and present an award to the Foundation with the greatest funding/ impact in injury at both the local and state levels.	DPH and IVP-SAC Team

Progress Check Evaluation Measures: Goal 2

WHEN: 7/2010

WHAT: Catalog of current injury and violence prevention activities is created.

WHO: REGT

WHEN: 12/2014

WHAT: A brief guide on best practices for disseminating research to practice has been developed.

WHO: REGT

WHEN: 12/2012

WHAT: A meeting of foundations that fund initiatives that address injury and violence prevention has been held.

WHO: REGT

WHEN: 12/2014

WHAT: Conference focusing on injury and violence prevention research has been held.

WHO: REGT and IVP-SAC

WHEN: 12/2012

WHAT: A foundation that is an outstanding champion of injury and violence prevention has been recognized with an award.

WHO: REGT

WHEN: 12/2014

WHAT: An issue of the N.C. Medical Society Journal on injury and violence prevention has been published.

WHO: REGT

WHEN: 12/2014

WHAT: One evaluation of an injury and violence prevention intervention that integrates work from a non-injury field has been conducted.

WHO: REGT

WHEN: 12/2014

WHAT: A clearinghouse of injury and violence prevention interventions has been developed and disseminated to stakeholders.

WHO: REGT

WHEN: 12/2014

WHAT: Three examples of interventions that utilized evidence-based or best practice information are documented.

WHO: REGT

So What's the Bottom Line?

WHEN: 12/2014

WHAT: Prevention programs developed and implemented within the state are based on evidence of successful outcomes.

WHO: IVP-SAC

Goal 3: Messaging, Policy and Environmental Change

Develop strong, vocal community support for injury and violence prevention and the creation of safe, accessible environments by reframing unintentional injuries and violence as unacceptable and by promoting policies that support prevention of injury and violence.

WHEN	Objective H	WHO
4/2009-6/2011	Work with the National Center for Injury Prevention and Control at the Centers for Disease Control, The Children's Safety Network, social marketing professionals in the N.C. DPH, and universities to reframe traditional prevention messages into messages that will better inform the public and public health professionals that injuries and violence are preventable.	The Policy and Social Messaging and other Environmental Changes Goal Team (PSMEC)
WHEN	Action Items	WHO
12/2009	1. Identify priority injury and violence prevention areas where messages need to be developed or disseminated by consulting the Injury and Violence Prevention State Advisory Council (IVP-SAC).	PSMEC
2/2010	2. Review currently used prevention messages for the identified priority areas from national, state and local materials.	PSMEC
3/2010	3. Determine effectiveness of predominate currently used messages by reviewing messaging campaign evaluations when available and/or collecting the expert opinion of professionals in the injury and violence prevention field.	PSMEC
3/2010	4. Review prevention messages that are inclusive of persons with disabilities and incorporate ideas as appropriate.	PSMEC
3/2010	5. Review how state and national media present injury and violence prevention messages.	PSMEC
6/2010	6. Create repository of effective (determined by evidence-based or expert opinion) messages and make available on the DPH, IVPB website and other websites as appropriate.	PSMEC, IVPB
6/2011	7. Ensure injury and violence prevention stakeholders share common prevention messages, tailored to each injury or violence issue area, based on recommendations developed with state and national partners, to be used in communications with the public.	PSMEC

7/2011	8. Coordinate with the Training Goal Team to include the effective message repository in training materials they develop and disseminate.	PSMEC
12/2011	9. Tailor message content and method of dissemination (radio, web, etc.) for specific populations including policymakers.	PSMEC

WHEN	Objective I	WHO
6/2010	Identify at least eight champions and opinion leaders from throughout the state to assist with dissemination of the idea that individuals working in different injury and violence prevention topic areas are part of a larger collective that is the field of injury and violence prevention. Champions will support county-level key stakeholders and provide guidance in bringing message to counties in a dynamic fashion.	PSMEC and Coordination and Constituency Goal Team

WHEN	Action Items	WHO
6/2009 and ongoing	1. Support efforts to fund eight Regional Injury Prevention Coordinators and one State Injury Prevention Manager and the efforts of the Coordination and Constituency Goal Team to identify injury prevention champions throughout the state.	PSMEC, IVP-SAC
Ongoing	2. When coordinators or champions are identified, utilize these individuals to connect existing local injury and violence prevention networks through formal and informal communication and sharing of resources such as toolkits and training opportunities. Existing networks include: Governor's Highway Safety Program, Trauma Regional Advisory Councils, Safe Kids, N.C. Coalition Against Domestic Violence, N.C. Coalition Against Sexual Assault, Victims with Disabilities Task Force, Prevent Child Abuse N.C., County Gang Prevention Task Forces, local health departments, Maternal and Child Health programs and others working throughout the state.	PSMEC
Ongoing	3. When coordinators or champions are in place, work with the Coordination and Constituency Goal team to organize these individuals to promote injury and violence prevention as a field, and identify subject matter experts in specific areas, i.e. motor vehicle crash or falls prevention to use messages developed in Objective H.	PSMEC

WHEN	Objective J	WHO
8/2010	Assist in the development of a three-year substantive policy agenda for North Carolina Injury and Violence Prevention.	PSMEC
WHEN	Action Items	WHO
12/2009	<p>1. Review and compile the policy agendas from injury and violence prevention partners at the national level, such as STIPDA, AMCHP, and CDC, as well as agendas from other states. Also include agendas from in-state organizations such as Governor's Highway Safety Program, North Carolina Coalition against Sexual Assault, Mothers Against Drunk Driving, North Carolina DPH and others as appropriate.</p> <p><i>Current injury and violence prevention policy initiatives supported by the PSMEC and the IVP-SAC include:</i></p> <ul style="list-style-type: none"> ■ Instituting an evidence-based driver's education program in North Carolina ■ Instituting a safety training program for moped operators ■ Instituting graduated fines for speeding violations <p><i>Preliminary N.C. IOM recommendations supported by the PSMEC and the IVP-SAC include:</i></p> <ul style="list-style-type: none"> ■ Strengthening rear seat occupant seat belt law by making it a primary seat belt use law ■ Increasing seat belt law fines for violations ■ Increasing license restoration fee for DWI offenders from \$100 to \$125 to support DPH's efforts in the Booze It & Lose it program. ■ Instituting a training requirement for all people who operate a motorcycle ■ Changing current motorcycle permit provisions to correct loopholes 	PSMEC
12/2009	2. Review the Institute of Medicine's recommendations related to injury and violence prevention and incorporate into the substantive policy agenda for injury and violence prevention as appropriate.	PSMEC
1/2010	3. Support and participate as needed in a study commission to review the fine structure for traffic violations.	PSMEC, GHSP

2/2010	4. Select priority policy items from the compiled policy agendas of injury and violence prevention stakeholders.	IVP-SAC, PSMEC
Begin by 9/2010	5. Encourage injury and violence prevention champions to identify state legislators with an interest in injury and violence prevention.	IVP-SAC, PSMEC
7/2010	6. Identify priority policy agenda items to develop issue-specific fact sheets.	IVP-SAC, PSMEC
8/2009-9/2010 and continuing	7. Increase communications with local injury and violence prevention partners throughout the state regarding policy priorities to encourage statewide advocacy and support for the agenda.	IVP-SAC, PSMEC
6/2010 and continuing	8. Educate and cultivate relationships with injury and violence prevention champions to enable them to effectively support the injury and violence prevention policy agenda.	IVP-SAC, PSMEC

Progress Check Evaluation Measures: Goal 3

WHEN: 12/2009

WHAT: Information about current and prospective substantive policy agenda items is created and disseminated to all Goal Team members and their partners.

WHO: PSMEC, IVP-SAC

WHEN: 12/2010

WHAT: At least eight injury and violence prevention champions are identified and are working to promote common prevention messages across the field and cultivate relationships with legislators to promote the Substantive Policy Agenda for Injury and Violence Prevention.

WHO: PSMEC and Coordination and Constituency Goal Team

WHEN: 2/2010

WHAT: A three-year Substantive Policy Agenda for Injury and Violence Prevention is created, incorporating agenda items and recommendations from injury and violence prevention partners and the Institute of Medicine.

WHO: PSMEC

WHEN: 6/2011

WHAT: The IVP-SAC uses and promotes common prevention messages for priority prevention areas across the field.

WHO: IVP-SAC, PSMEC

WHEN: 7/2010

WHAT: Issue-specific fact sheets are developed for priority policy agenda items and distributed to legislators, champions and other advocates.

WHO: PSMEC

So What's the Bottom Line?

WHEN: 12/2014

WHAT: Injury and Violence Prevention stakeholders in N.C. are viewed as a strong, cohesive group that collectively and effectively advocates for injury and violence prevention policies.

WHO: IVP-SAC

Goal 4: Saving Lives

Reduce the rate of morbidity caused by injury and violence by 15 percent, thus also reducing injury and violence related mortality, by implementing prioritized, data-driven strategies and programs, policies, and innovative and tested practices.*

From March 2009 to December 2014, address the three leading causes of unintentional injuries and the two leading causes of intentional injuries to strategically reduce the overall rate of injury morbidity by 15 percent. Data from 2007 shows the leading causes of unintentional injuries are **motor vehicle crashes, **poisonings**, and **falls**. The leading causes of intentional injuries (violence) are **suicide** and **assault/homicide**.*

WHEN	Objective K: Motor Vehicle Crashes	WHO
7/2009-12/2014	Work to reduce N.C. fatalities and serious injuries (defined by DMV form A type injuries) from motor vehicle crashes to a rate of 1.0 for fatalities per 100,000 VMT and a rate of 1.0 per 100,000 VMT for serious injuries. The average fatality rate per 100,000 VMT from 2004-2008 was 1.53.	Governor's Highway Safety Program (GHSP), Motor Vehicle Crash Goal Team (MVCGT), Safe Kids
WHEN	Action Items	WHO
7/2010	<ol style="list-style-type: none"> Identify in a written summary existing and needed efforts in N.C. related to motor vehicle crash prevention initiatives on: <ul style="list-style-type: none"> Reducing driver speeding Increasing use of passenger restraints Strengthening language in child passenger safety law to increase enforceability of the law Reducing motor vehicle related pedestrian injuries and fatalities Reducing driving while intoxicated Increasing safety of motorcycle riders. 	MVCGT

7/2010	<p>2. Review the N.C. Institute of Medicine's final recommendations and the PSMEC Goal Team's recommendations for policy related to preventing injuries and fatalities from motor vehicle collisions. 2009 preliminary recommendations include:</p> <ul style="list-style-type: none"> ■ Instituting an evidence-based driver education program in North Carolina ■ Instituting a safety training program for moped operators ■ Instituting graduated fines for speeding violations ■ Enacting a primary seat belt use law for rear seat occupants ■ Increasing belt law fines ■ Increasing license restoration fee for DWI offenders from \$100 to \$125 to support DPH's efforts in the Booze It & Lose it program. ■ Instituting a training requirement for all people who operate a motorcycle ■ Changing current motorcycle permit provisions to correct loopholes 	MVCGT
8/2010	3. Select 3 to 5 priority policy issues to pursue.	MVCGT, PSMEC, IVP-SAC
12/2009-12/2014	4. Convene existing or new (as needed) group of motor vehicle crash prevention stakeholders at least twice a year to review progress of current prevention initiatives, review data to identify emerging issues in MVC injury and fatality, and plan for ways to support current initiatives and initiate new efforts as needed.	GHSP, MVCGT

Progress Check Evaluation Measures Goal 4: Motor Vehicle Crashes

WHEN: 7/2010

WHAT: A written document is available that outlines existing and needed efforts in N.C. to reduce motor vehicle crashes and the resulting injuries that are attributed to driver speeding, unrestrained passengers, driver intoxication and environmental hazards.

WHO: GHSP, MVCGT and PSMEC

WHEN: 8/2010

WHAT: 3 to 5 priority policy issues have been identified to present to MVC stakeholders in existing or newly formed groups.

WHO: MVCGT and PSMEC

WHEN: 12/2010-12/2014

WHAT: Action steps to address priorities have been written or the policy change is achieved.

WHO: MVCGT and PSMEC

WHEN	Objective L: Falls	WHO
Ongoing	Continue work to achieve the priority areas identified by the N.C. Falls Prevention Coalition workgroups.	N.C. Falls Prevention Coalition (NCFPC)

WHEN	Action Items	WHO
By 01/2010	1. Create a N.C. Falls Prevention Coalition website with links to all appropriate groups, contact information for members and links to falls prevention resources, tools and best practices.	NCFPC: Infrastructure Development and Maintenance work group
By 12/2010 and ongoing as needed	2. Conduct an environmental scan to identify community awareness and education resources that are currently available, and organizational interests and capabilities for falls prevention.	NCFPC: Community Awareness and Education work group, Coordination and Constituency Goal Team, Training and Workforce Development Goal Team, DPH IVPB
By 12/2010 and ongoing as needed	3. Develop an algorithm that spells out primary, secondary and tertiary screening tools, risk assessment tools and interventions for preventing falls in at risk groups.	NCFPC: Risk Assessment and Behavioral Intervention work group
9/15 and 9/16, 2009	4. Feature falls prevention at the Healthy Aging Network's "Promoting Environmental and Policy Change to Support Healthy Aging" conference.	NCFPC: Advocacy for Supportive Policies and Environments

WHEN	Objective M: Falls	WHO
Beginning 8/2009 - 2/2010	Implement the policy planning initiative as outlined by the opportunity grant from the National Association of Chronic Disease Directors.	University of North Carolina Institute on Aging (IOA), Carolinas Geriatric Education Center (CGEC), DHHS Division of Aging and Adult Services (DAAS) and DPH

WHEN	Action Items	WHO
8/2009-02/2010	1. Use available epidemiological data, program data and policy data to determine three to five critical areas for falls prevention policy development.	NCFPC, IOA, CGEC, DAAS, DPH
8/2009 and ongoing	2. Develop strategies to integrate falls prevention programming and policies within the state's broader health promotion programming and policies for older adults (65 and older).	NCFPC, IOA, CGEC, DAAS, DPH
8/2009 and ongoing	3. Continue development of three to five local Falls Prevention Coalitions, building on groups currently working in Charlotte, Greensboro, Greenville and Asheville.	NCFPC, IOA, CGEC, DAAS, DPH

Progress Check Evaluation Measures Goal 4: Falls

WHEN: 01/2010

WHAT: The website for the NCFPC is created.

WHO: N.C. Falls Prevention Coalition (NCFPC)

WHEN: 12/2010

WHAT: Algorithm that spells out primary, secondary and tertiary screening tools, risk assessment tools and interventions for preventing falls in at risk groups is developed.

WHO: NCFPC

WHEN: 12/2010

WHAT: Initial compilation of currently available community awareness and education resources, planned resources and organizational interests and capabilities for falls prevention is created.

WHO: NCFPC

WHEN: On 9/15 and 9/16 2009

WHAT: Falls prevention information is presented at Healthy Aging Network's "Promoting Environmental and Policy Change to Support Healthy Aging" conference.

WHO: NCFPC

WHEN: By 12/2012

WHAT: Greater capacity for supporting and developing policy around falls prevention is developed, as evidenced by support for policies based on data and strong and active local and statewide falls prevention coalitions.

WHO: NCFPC

WHEN: By 12/2014

WHAT: The emergency department visit rate for unintentional fall injuries has been reduced by 15%. The baseline for rate will be the two-three years prior to the initiation of this plan, 2006--2008. The end rates will be based on 2014 -2016 data. Rate 2006: 1496.3, 2007: 1848.0 (per 100,000 population)

WHO: NCFPC

WHEN	Objective N: Unintentional Poisonings	WHO
10/2009-10/2012	Ensure unintentional poisoning deaths are studied by an existing task force with membership from agencies involved in reducing rates such as Public Health, Division of Mental Health, Substance Abuse Services, Developmental Disabilities, Office of the Chief Medical Examiner, Poison Control Center, law enforcement, etc. Study to include monitoring of rates and trends, identifying additional data that needs to be collected, national responses to problem, promising practices or evidence-based approaches to reducing rates and evaluation of existing community intervention projects such as Project Lazarus in Wilkes County.	Unintentional Poisonings Goal Team (UPGT)

WHEN	Action Items	WHO
10/2009	1. Identify and appoint members of the task force mentioned above through support from the DPH IVPB.	UPGT, IVPB
4/2010	2. Establish a central repository, created by the task force, for local, state and national data regarding unintentional poisoning morbidity and mortality, intervention programs and evaluations related to unintentional poisonings morbidity and mortality	UPGT, N.C. Unintentional Poisonings Task Force (NCUPTF)
10/2010	3. Make the data from the Controlled Substances Reporting System available for examination by pertinent public health authorities and medical examiners.	UPGT, NCUPTF, PSMEC
10/2010	4. Identify additional data points to be collected and data sets requiring on-going maintenance or increased support.	UPGT, NCUPTF

10/2011	<p>5. Design and obtain support for studies on:</p> <ul style="list-style-type: none"> ■ survivors of unintentional poisonings to determine etiologic factors and social correlates ■ impact of public access to real-time call center triage (e.g. services provided by the Carolinas Poison Center) to provide early intervention for adverse drug events and to avert unnecessary emergency department visits ■ impact of regulations (e.g. FDA risk evaluation and mitigation strategies) on unintentional poisoning-related morbidity and mortality 	UPGT, NCUPTF
10/2012	6. Improve data coding by educating professional coders, physicians, nurse practitioners, physician assistants, emergency medical services and other providers on proper coding of final diagnoses (ICD-9/ICD-10 codes) and E-codes.	UPGT, NCUPTF

WHEN	Objective O: Unintentional Poisonings	WHO
12/2009-6/2014	Increase education and awareness around unintentional poisonings of 1) health care providers and pharmacists, 2) consumers, 3) public policymakers.	UPGT, NCUPTF

WHEN	Action Items	WHO
Begin by 12/2009	1. Facilitate and support social interactions between community groups to promote the development of locally-oriented interventions to prevent unintentional morbidity and mortality.	UPGT, NCUPTF
10/2010	<p>2. Develop educational tools to prevent, identify and treat unintentional poisonings with specific populations in mind:</p> <ul style="list-style-type: none"> ■ Physicians and other health care providers ■ Care givers (formal and informal, such as patient's family) 	UPGT, NCUPTF
10/2011	3. Explore non-education tools such as regulation and coalitions with local stakeholders (e.g., pharmaceutical companies in N.C.) to inform the national policy debate about mortality and morbidity from unintentional poisoning and efforts within N.C. to address the problem.	UPGT, PSMEC, NCUPTF, IVP-SAC

Progress Check Evaluation Measures Goal 4: Unintentional Poisoning

WHEN: 12/2009

WHAT: N.C. Unintentional Poisonings Task Force is meeting to address rates and trends, additional data that needs to be collected, national responses to problem, promising practices and evidence-based approaches to reduce rates, and the evaluation of existing community intervention projects.

WHO: UPGT, NCUPTF

WHEN: 10/2011

WHAT: Written plan is available that addresses training professionals involved in ICD-9/ICD-10 codes and E-Codes to improve proper coding of final diagnoses.

WHO: UPGT, NCUPTF

WHEN: 10/2011

WHAT: The N.C. Unintentional Poisoning Task Force has designed needed studies of the problem and identified possible funding sources for the studies.

WHO: UPGT, NCUPTF

WHEN: 6/2014

WHAT: Educational tools on unintentional poisonings that teach how to prevent, identify, and treat unintentional poisonings are being identified, funded, developed and disseminated.

WHO: UPGT, NCUPTF

WHEN	Objective P: Violence/Assault	WHO
10/2009-12/2014	Use N.C. Violent Death Reporting System (VDRS) data to identify and assist six communities with high rates of violence or significant disparities in violence rates to implement evidence-based or best practice prevention programs.	IVPB, N.C. VDRS Board Leadership and Evaluation Team

WHEN	Action Items	WHO
2009-2013	1. Begin identifying communities in 2009 using available data; sixth community to be identified by 2013.	NCVDRS, VAGT
Within six months of the identification of a community	2. Complete a community assessment to determine community needs and assets. This assessment will identify existing resources such as current programs and potential partners.	NCVDRS, VAGT
Within six months of community assessment completion	3. Using data from the community assessment, review evidence-based strategies that address the issues the community is facing and make recommendations for appropriate interventions.	NCVDRS, VAGT

Within nine months of assessment completion	4. If evidence-based practices for a community's issues are available, ensure the community is knowledgeable of the practices and provide technical assistance to help them select the practices that best fit the community.	NCVDRS, VAGT
Ongoing	5. Provide ongoing technical assistance for implementation and evaluation of the chosen strategy	NCVDRS, VAGT

WHEN	Objective Q: Violence/Assault	WHO
12/2014	Establish a non-fatal violence data collection system that captures and links morbidity information from multiple sources to inform programs, practices, policies, and evaluation.	IVPB, IVP-SAC, Data Goal Team (DGT), organizations housing relevant databases and filed actuaries

WHEN	Action Items	WHO
1/2011	1. Assess existing non-fatal data sources, including morbidity and risk and protective factors.	Violence/Assault Goal Team (VAGT), DGT, IVPB
3/2011	2. Analyze data sources to identify gaps.	VAGT, DGT
5/2011	3. Create a report to the IVP-SAC and DGT that identifies existing and needed data.	VAGT, DGT
5/2011	4. Recommend partners to convene in order to better capture and to link the multiple sources of data that exist.	VAGT

WHEN	Objective R: Violence/Assault	WHO
12/2011	Identify the resources needed to complete development and access key violence prevention partners to establish a common definition of terms including identifying forms of violence to inform policies, practices, and programs at the state and local levels.	VAGT, IVP-SAC

WHEN	Action Items	WHO
By 3/2010	1. Identify key partners and stakeholders.	VAGT

7/2010	2. Convene meeting of stakeholders to review the purpose of the group and to clarify specific goals and objectives.	VAGT, DGT
7/2010	3. Review current terminology and collaborate to produce common definitions of terms.	VAGT, DGT
8/2010	4. Seek broad input on terms and proposed definitions.	VAGT, DGT
12/2010 and ongoing	5. Work with partners/other agencies to gain consensus on use of terms and definitions.	VAGT, DGT

Progress Check Evaluation Measures Goal 4: Violence/Assault

WHEN: 12/2010

WHAT: Common definitions of violence terms are established.

WHO: VAGT, DGT

WHEN: 12/2014

WHAT: At least six N.C. communities have evidence-based or best practice violence prevention interventions implemented.

WHO: VAGT, NCVDRS

WHEN: 12/2014

WHAT: A non-fatal violence database that links morbidity information from multiple sources is created.

WHO: VAGT, DGT

WHEN	Objective S: Suicide	WHO
10/2009-8/2011	<p>Use Garrett Lee Smith funds from the Substance Abuse, Mental Health Services Administration (SAMHSA) to implement suicide prevention training for Child and Family Support Teams and school-based and school-linked professionals including:</p> <ul style="list-style-type: none"> Two-day ASIST gatekeeper training for 175 Child and Family Support Team individuals and school health center staff, and One-half day SafeTALK gatekeeper training for 275 other school staff in systems across the state. 	IVPB, Youth Suicide Prevention Program Partners

WHEN	Action Items	WHO
01/2010	1. Train at least 175 Child and Family Support Team and school health center staff individuals in two-day ASIST gatekeeper training.	IVPB, Youth Suicide Prevention Program Partners

05/2010	2. Train at least 275 statewide school administrative, professional and support staff in one-half day SafeTALK gatekeeper training.	IVPB, Youth Suicide Prevention Program Partners
12/2010	3. Apply for ongoing funding from SAMHSA (if available), as well as other funding sources such as the Department of Juvenile Justice and Delinquency Prevention. Evaluation results will be used to inform application and program activities.	IVPB, Youth Suicide Prevention Program Partners

WHEN	Objective T: Suicide	WHO
10/2009-8/2011	Implement a Youth Suicide Prevention Program using Garrett Lee Smith funds from the SAMHSA including the development of a statewide communications campaign targeting youth.	IVPB, Youth Suicide Prevention Program Partners

WHEN	Action Items	WHO
8/2009	1. Conduct 9 focus groups with youth (72 total) to guide the development of media materials.	N.C. Mental Health Association (MHA)
10/2009	2. Partner with a media vendor to develop content for campaign materials using the results of the youth focus groups.	NCMHA
1/2010	3. MHA and selected media vendor will release campaign materials to all schools with trained ASIST and SafeTALK staff statewide.	NCMHA

WHEN	Objective U: Suicide	WHO
9/2011	<p>Initiate the planning for and creation of Community Trauma Response Teams and Local Outreach to Suicide Survivors (LOSS) groups in selected communities by:</p> <ul style="list-style-type: none"> Identifying community-based suicide prevention and intervention stakeholders, Assessing needed resources, and Seeking funding. 	North Carolina Youth Suicide Prevention Task force (NCYSPTF), NCMHA

WHEN	Action Items	WHO
1/2010	1. Identify a group of stakeholders interested in developing the network.	NCYSPTF
1/2010	2. Work with stakeholders to achieve objective such as law enforcement, survivor groups, community and for-profit mental health providers, faith communities, interested others, Mental Health Association, N.C. Office on Disability and Health, and the Youth Suicide Prevention Task Force.	NCYSPTF
1/2010	3. Identify coverage area for teams.	NCYSPTF
1/2011	4. Arrange the trainings in the state and train the teams using the identified model.	NCYSPTF and AHECs
6/2011	5. Promote this initiative through partners including first responders and law enforcement and local suicide prevention coalitions.	MHA
6/2012	6. Investigate potential insurance coverage through an individual's coverage or the state.	NCYSPTF
6/2012	7. Investigate private foundation funding.	NCYSPTF
6/2012	8. Investigate the American Foundation for Suicide Prevention (AFSP) or other prevention organizations such as the Triangle Consortium for Suicide Prevention (TCSP) for funding opportunities.	North Carolina Youth Suicide Prevention Task force

WHEN	Objective V: Suicide	WHO
9/2009-2014	Develop a collaboration plan with N.C. Veterans Affairs staff to support existing efforts of military to prevent suicide within the military and among military families and civilian communities.	NCGV, MHA, NCYSPTF

WHEN	Action Items	WHO
8/2009	1. Work with Veterans Affairs Hospitals to increase awareness of community resources.	MHA, Suicide Goal Team (SGT)
12/2009	2. Investigate current efforts and possible collaboration with the N.C. Coalition Against Domestic Violence.	NCGV, (SGT)

Progress Check Evaluation Measures Goal 4: Suicide

WHEN: 8/2011

WHAT: Youth suicide prevention campaign is implemented across the state and evaluation of impact has begun.

WHO: IVPB, Youth Suicide Prevention Program Partners, MHA

WHEN: 9/2011

WHAT: A training model that will create a network of community trauma response teams is identified.

WHO: IVPB, Youth Suicide Prevention Program Partners

WHEN: 8/2011

WHAT: Over 170 school-based child and family support teams and school health center staff have been trained using ASIST and over 250 individuals have received SafeTALK training.

WHO: IVPB, Youth Suicide Prevention Program Partners, MHA

WHEN: 12/2014

WHAT: A relationship between civilian suicide prevention partners and military and Veterans Affairs staff working to prevent suicide is established.

WHO: MHA, NCGV

WHEN: 9/2011

WHAT: Media guidelines for messaging and best practices for dissemination from the American Association of Suicidology are consistently used by the Garrett Lee Smith Grant Team.

WHO: IVPB, Youth Suicide Prevention Program Partners

So What's the Bottom Line?

This bottom line measure applies to all of Goal 4's objectives.

WHEN: 12/2014

WHAT: The rate of morbidity from all causes of injury and violence is reduced by 15 percent, thus also reducing injury-and-violence-related mortality.

WHO: IVP-SAC

Goal 5: Building the Injury Prevention Community

Increase coordination among injury and violence prevention partners at the local, regional and state level to create a more efficient system and a broader, stronger constituency.

WHEN	Objective W	WHO
9/2009	Create a preliminary database of injury and violence prevention stakeholders in N.C. at the local and state level with the who, what, when and where for each stakeholder compiled in an electronic resource list to be developed and updated annually, and made accessible to the public.	IVPB, Coordination and Constituency Goal Team (CCGT)
WHEN	Action Items	WHO
By 9/2009 and Ongoing	1. Gather existing lists of injury prevention networks such as Safe Kids Coordinators, Regional Trauma Councils, etc.	IVPB, CCGT
By 2/2010 and Ongoing	2. Research non-public health/non-traditional potential partners who are involved in injury and violence prevention, such as state, regional and local committees and task forces, community-based groups and nonprofits.	IVPB, CCGT
By 12/2009	3. Design and post web-based list of IVP partners with support from DPH IT staff if needed.	IVPB, CCGT
Starting 12/2009 and ongoing	4. Work with other injury and violence prevention offices with large constituency groups to have a link to the database on their websites.	IVPB, CCGT
Starting 12/2009 and ongoing	5. Assign a staff person from the IVPB to work on maintenance of the website including keeping data current.	IVPB, CCGT

WHEN	Objective X	WHO
2009-2014	Use multiple sources such as Healthy Carolinians Partnerships' Community Health Assessment data, Safe Kids needs assessments, MCH Title V Needs assessment, and Trauma RACs to identify local injury and violence prevention needs. Utilize these networks and others that may be identified to provide appropriate information, training, and data to communities to address identified needs.	Coordination and Constituency Goal Team (CCGT)

WHEN	Action Items	WHO
Beginning in 2009 and repeating in 2011 and 2013	1. Compile existing primary data on injury and violence prevention needs from known sources such as Healthy Carolinians Partnerships' Community Health Assessments, Safe Kids needs assessments, and trauma RAC data every two years.	CCGT
8/2009	2. Review results of state survey sent to all known injury and violence-related agencies in spring 2009.	IVPB, CCGT
12/2009	3. Review and compile data collected from all sources.	IVPB, CCGT
12/2009	4. Identify injury and violence prevention community needs, gaps, and strengths.	IVPB, CCGT

WHEN	Objective Y	WHO
8/2009	Create six Goal Teams with the leadership of each team making up an advisory council to be appointed by the State Health Director including representatives from the field of injury and violence prevention in program development, research and evaluation, data collection and analysis, policy, fund/resource development, social marketing, and training and professional development. This group will guide implementation of this plan, address special projects, be used as a resource, and provide future direction for the growth of the injury and violence prevention field in N.C.	State Health Director, CCGT, IVPB

WHEN	Action Items	WHO
5/2009	1. Compile green ½ sheets from April 27, 2009 meeting and begin determining leadership and membership of seven Goal Teams.	IVPB
1/2010	2. Develop a reporting mechanism to measure progress of Goal Teams communicating through leadership of each Team.	IVP-SAC, CCGT
Ongoing	3. Manage team meetings, including logistics, setting agendas and outcomes with each team meeting at least four times per year. Meetings may be held using phone conferencing or other technology-based resources.	IVP-SAC, CCGT
12/2009 and every 6 months	4. Track progress towards achieving goals and objectives in the plan.	IVP-SAC, CCGT
12/2009	5. Create a written timeline for achieving goals and objectives set out in this plan.	IVP-SAC, CCGT

WHEN	Objective Z	WHO
02/2010	Compile a preliminary toolkit that will be regularly updated and made available to the members of the communication web and others through the DPH's IVPB website. Information will include self-assessment tool for injury and violence prevention competencies, training opportunities, funding resources, policy initiatives, and agency resources.	IVPB, CCGT

WHEN	Action Items	WHO
02/2010	1. Develop web-based toolkit to facilitate sharing of information.	IVPB, CCGT
10/2009	2. Use database referred to in objective Z to gather existing lists of injury prevention networks such as Safe Kids Coordinators, Regional Trauma Councils, local health department injury and violence prevention professionals, etc.	IVPB, CCGT

12/2009	3. Research non-public health/non-traditional potential partners who are involved in injury and violence prevention, such as state, regional and local committees and task forces, community-based groups and nonprofits.	IVPB, CCGT
6/2010	4. Coordinate regional efforts to enter information into web-based toolkit.	IVPB, CCGT
6/2010	5. Communicate to other agencies their responsibility to contribute information into web-based toolkit.	IVPB, CCGT
6/2010	6. Set-up links from other agencies' websites to this information so it is more easily accessed.	IVPB, CCGT

WHEN	Objective AA	WHO
10/2009	Begin developing an injury and violence prevention stakeholder communication web/infrastructure by using the stakeholder roster to identify at least one key injury and violence prevention leader per county beginning with areas that have existing injury professionals and initiatives. Contacts in counties without current resources or injury programs will be added by 2014.	CCGT

WHEN	Action Items	WHO
12/2009	1. Create an "Opportunities and Commitments" sheet for identifying one key, passionate injury prevention leader per county.	CCGT
12/2009	2. Identify injury and violence prevention "key leaders" in each county.	CCGT
12/2009	3. Review "key leaders" information and identify gaps in counties without key leaders.	CCGT
12/2010	4. Connect county-level leaders with eight champions to encourage connections.	CCGT

WHEN	Objective BB	WHO
8/2012	Work with the Training and Workforce Development Goal Team to determine the feasibility of hosting an injury and violence prevention symposium in North Carolina to provide further opportunities for professional networking, garner attention for significant injury and violence prevention issues in N.C., and provide a professional development opportunity to stakeholders and others involved in injury and violence prevention work.	CCGT, IVPB, the IVP-SAC and other key injury prevention groups, Training and Workforce Development Goal Team (TWGT)

WHEN	Action Items	WHO
12/2009	1. Review past conferences held at the national level such as STIPDA's conference and state injury conferences such as Safe Kids to obtain guidance on topics useful to a general injury prevention audience.	CCGT, IVPB, the IVP-SAC, other key injury prevention groups, TWGT
5/2010	2. Incorporate injury and/or violence prevention topics and workshops into existing conferences (i.e., Healthy Carolinians, Safe Kids, etc.)	CCGT, IVPB, the IVP-SAC, other key injury prevention groups, TWGT
5/2010	3. Promote existing conferences and trainings.	CCGT, IVPB, the IVP-SAC, other key injury prevention groups, TWGT
6/2011	4. Develop webinar trainings and/or translate existing trainings to webinar format.	CCGT, IVPB, the IVP-SAC, other key injury prevention groups, TWGT
6/2011	5. Work with the Area Health Education Centers to create an "N.C. Injury and Violence Prevention" certificate program with CEs and CEUs or other appropriate professional development credits.	CCGT, IVPB, the IVP-SAC, other key injury prevention groups, TWGT
8/2012	6. Work with the Area Health Education Centers to create an "N.C. Injury and Violence Prevention" certificate program with CEs and CEUs or other appropriate professional development credits.	CCGT, IVPB, the IVP-SAC, other key injury prevention groups, TWGT

Progress Check Evaluation Measures: Goal 5

WHEN: 10/2009

WHAT: N.C. Injury and Violence Prevention State Advisory Council is established with six operating goal teams meeting and implementing the goals, objectives, and actions steps of the State Injury and Violence Prevention Strategic five-year plan. The Council has a minimum of 15 members including the leadership of each Goal Team and meets face-to-face or by phone conference at least four times per year.

WHO: CCGT

WHEN: 6/2010

WHAT: A data base of injury and violence prevention professionals' contact information and areas of expertise is available on the IVPB, DPH website. The database is reviewed for accuracy every six months and utilized by professionals in the field regularly.

WHO: CCGT

WHEN: 12/2009-12/2014

WHAT: A list of key IVP leaders with one identified in at least 50 counties is available and these leaders are sharing key information with constituents in their counties. Counties without IVP leadership are identified as counties to target for support between December 2009 and December 2014 until leadership is available and identified in each county.

WHO: CCGT

WHEN: 02/2010

WHAT: An injury and violence prevention toolkit is available to professionals in the field through the IVPB, DPH website with materials based on the statewide needs assessments referenced in Goal 6, Obj. DD.

WHO: CCGT

WHEN: 8/2012

WHAT: A recommendation is available regarding having a Statewide IVP Conference in N.C.

WHO: CCGT

So What's the Bottom Line?

WHEN: 12/2014

WHAT: A strong injury and violence prevention movement exists in N.C. illustrated by strong local and state-level injury prevention programs that are evidence-based and have documented outcomes.

WHO: IVP-SAC

Goal 6: Workforce Development

Develop a statewide injury and violence prevention workforce that meets core injury and violence prevention competencies as outlined by the National Training Initiative for Injury and Violence Prevention (NTI) and the State and Territorial Injury Prevention Directors Association (STIPDA).

WHEN	Objective CC	WHO
6/2010	Survey injury and violence prevention professionals throughout N.C. to assess training needs. Disseminate summary findings.	Training and Workforce Development Goal Team (TWGT), UNC Injury Prevention Research Center (IPRC)
WHEN	Action Items	WHO
9/2009–10/2009	<ol style="list-style-type: none"> Review current and past training needs assessment tools that were used and results from their use. Use self assessment tool that includes the nine core competencies for injury and violence prevention professionals that was developed in the Summer of 2009 <ul style="list-style-type: none"> IPRC collects the needs assessment tools for Injury prevention for last 36 months and reviews IPRC disseminates needs assessment tools to groups for review and selection of tool that will be used to survey IVP professionals in North Carolina Group convenes for final discussion about which tool to use by October 1, 2009. At this meeting, the parameters for the tool will be set, the variables used will be reviewed and decisions about the use of quantitative vs. qualitative measures will be made. 	The TWGT is lead, with partners including the IVBP, the IPRC, the office of emergency medical service (OEMS) and Area Health Education Centers (AHEC).
11/2009 <ul style="list-style-type: none"> Decision made about tool by 11/2009 Determine if review needed and revise by 11/2009 	<ol style="list-style-type: none"> Identify training needs assessment tools specific to N.C. 	TWGT is the lead with partners including IVPB, IPRC, OEMS and AHEC

11/2009	3. Identify audience for the needs assessment. <ul style="list-style-type: none"> ■ Review all prior audiences for the needs assessment ■ Review all stakeholders ■ Identify groups that have not yet participated in a needs assessment regarding core competencies in injury and violence prevention ■ Select pilot group for needs assessment ■ Notify the selected group of the pilot survey 	IPRC is the lead with partners IVPB, OEMS and AHEC with guidance from DGT and the Research and Evaluation Goal Team (REGT)
12/2009	4. Identify method of delivery of the needs assessment tool.	IPRC is the lead with partners including the IVPB, OEMS, AHEC with guidance from the DGT and the REGT
1/2010	5. Review and revise needs assessment tool based on comments from the TWGT.	IPRC is the lead in partnership with TWGT
1/2010	6. Implement the pilot study with selected groups.	IPRC is the lead, with partners IVPB, REGT, Trauma RACs and TWGT
2/2010	7. Evaluate results of the pilot study.	IPRC is the lead, with partners IVPB, REGT, Trauma RACs and TWGT
3/2010	8. Review and revise the needs assessment tool based on the results of the pilot study.	IPRC is the lead, with partners IVPB, REGT, Trauma RACs and TWGT
3/2010-5/2010	9. Use revised needs assessment tool to conduct assessment of injury and violence prevention professionals throughout N.C.	IVPB in partnership with IPRC
6/2010	10. Compile and disseminate results of needs assessment to the IVP-SAC.	IPRC is the lead in partnership with TWGT

WHEN	Objective DD	WHO
6/2010	Study training survey results to identify gaps in training opportunities, to develop new or existing trainings to meet needs, and identify resources that may be used to increase training opportunities.	IPRC in partnership with TWGT

WHEN	Action Items	WHO
6/2010	1. Evaluate results of the needs assessment tool and prepare a report that includes identification of gaps.	REGT is the lead in partnership with the IVPB and IPRC
9/2010	2. Identify partners that can implement trainings that address the needs that were identified in the report. Trainings will also address workforce development needs that will help achieve the goals outlined in the statewide plan for injury and violence prevention.	TWGT in partnership with Trauma RACs
4/2011-10/2011	3. Create training plan/establish budget. <ul style="list-style-type: none"> Convene IPRC/AHEC Review results of survey with stakeholders; discuss newly developed core competencies for injury and violence prevention professionals and curriculum available that is based on increasing the competencies. Use information from this discussion to build the training plan. 	TWGT is the lead in partnership with Trauma RACs, DPI, LE, The Division of AA, OSFM and JPB, Justice Academy, STAC, AHEC
10/2009 and ongoing	4. Utilize and identify nine core competencies for injury and violence prevention professionals to build the training plan. <ul style="list-style-type: none"> Formulate a financial plan 	TWGT
1/2010	5. Release the plan to stakeholders	TWGT in partnership with IVPB

WHEN	Objective EE	WHO
In 2010 and 2012	Offer an injury prevention track at a selected conference, with possible venues including Healthy Carolinians, N.C. Public Health Association, N.C. Society Of Public Health Educators, the Cooperative Extension Family and Youth Summit, or the N.C. School Community Health Association so that professionals can receive education that will assist with competency development.	IVPB, IPRC and TWGT

WHEN	Action Items	WHO
6/2010	1. Review results of the training needs assessment for injury and violence prevention professionals to make decisions on where to hold trainings and what content should be presented.	REGT is the lead in partnership with the IVPB, IPRC
9/2010	2. Create a plan to implement recommended trainings for injury and violence prevention professionals at one or more statewide conference.	REGT is the lead in partnership with the IVPB, IPRC
3/2012	3. Review results of the training needs assessment for health care professionals to make decisions on where to hold trainings and what content should be presented.	REGT is the lead in partnership with the IVPB, IPRC
3/2013	4. Create a plan to implement recommended trainings for health care professionals at one or more statewide conference.	REGT is the lead in partnership with the IVPB, IPRC

WHEN	Objective FF	WHO
12/2011	Enhance the training of health care professionals (including physicians, nurses, allied health, and other health care practitioners) in evidence-based strategies to prevent motor vehicle crash injury, unintentional poisoning/drug overdose, falls, family violence, and general injury. Trainings should be expanded into academic and clinical settings, residency programs, or other continuing education programs.	AHEC in partnership with the UNC IPRC, the DPI, health professional schools, and health professional organizations

WHEN	Action Items	WHO
10/2010	<ol style="list-style-type: none"> 1. Assess current/past tools for health care providers and results. Use self assessment of 9 core competencies created in summer of 2009. <ul style="list-style-type: none"> ■ IPRC collects the needs assessment tools for Injury prevention for last 36 months and reviews ■ IPRC disseminates needs assessment tools to groups ■ Group convenes for final discussion—October, 2010 to set parameters, review variables, quantitative vs. qualitative 	The TWGT is lead, with partners including the IVPB, the IPRC, the office of emergency medical service (OEMS) and AHEC.
11/2010 <ul style="list-style-type: none"> ■ Decision made about tool by 11/2010 ■ Determine if review needed and revise by 11/2010 	<ol style="list-style-type: none"> 2. Identify tools specific to N.C. for health care providers <ul style="list-style-type: none"> ■ If review needed, include non-traditional stakeholders. 	TWGT is the lead with partners including IVPB, IPRC, OEMS and AHEC
1/2011	<ol style="list-style-type: none"> 3. Identify health care provider audience for needs assessment. <ul style="list-style-type: none"> ■ Review all prior audiences for the needs assessment ■ Review all stakeholders ■ Identify groups that have not yet participated in a needs assessment regarding core competencies in injury and violence prevention ■ Select pilot group for needs assessment ■ Notify the selected group of the pilot survey 	IPRC is the lead with partners IVPB, OEMS and AHEC with guidance from DGT and the Research and Evaluation Goal Team (REGT)
2/2011	<ol style="list-style-type: none"> 4. Identify method of delivery of needs assessment tool for health care providers. 	IPRC is the lead with partners including the IVPB, OEMS, AHEC with guidance from the DGT and the REGT
4/2011	<ol style="list-style-type: none"> 5. Plan needs assessment tool for health care providers review/revise. 	IPRC is the lead in partnership with TWGT

5/2011-6/2011	6. Implement pilot study.	IPRC is the lead, with partners IVPB, REGT, Trauma RACs and TWGT
7/2011	7. Evaluate results.	IPRC is the lead, with partners IVPB, REGT, Trauma RACs and TWGT
8/2011	8. Review and revise the needs assessment tool.	IPRC is the lead, with partners IVPB, REGT, Trauma RACs and TWGT
9/2011-11/2011	9. Deliver the needs assessment tool.	IVPB in partnership with IPRC

Progress Check Evaluation Measures: Goal 6

WHEN: 6/2010

WHAT: A written summary of N.C. IVP professionals' training needs that includes gaps in existing trainings and plans for the development of new trainings is available.

WHO: TWGT, IVPB, IPRC

WHEN: 1/2012

WHAT: A written summary of N.C. health care professionals' and students' training needs that includes gaps in existing trainings and plans for the development of new trainings is available.

WHO: TWGT, IVPB, IPRC

WHEN: 9/2012

WHAT: An injury prevention track is offered to educators, health providers, social workers, community health partnerships and other human service professionals at one or more statewide conferences.

WHO: TWGT, IVPB, IPRC, AHEC

WHEN: 6/2012

WHAT: An injury prevention track is offered to health care professionals at one or more statewide conferences.

WHO: TWGT, IVPB, IPRC

So What's the Bottom Line?

WHEN: 12/2014

WHAT:

N.C. has a documented system to educate healthcare providers in injury prevention strategies to use during patient visits.

Seventy percent of registered injury and violence prevention stakeholders (registered in the state database) have achieved at least eighty percent of injury prevention professional competencies as outlined by the National Training Institute's and STIPDA's Injury and Violence Prevention Core Competencies.

WHO: IVP-SAC

